
HOUSE BILL 1301

State of Washington

57th Legislature

2001 Regular Session

By Representatives Cody, Campbell, Conway, Pennington, Ruderman, Edmonds, Edwards, Kenney, Rockefeller, McIntire and Schual-Berke

Read first time 01/23/2001. Referred to Committee on Health Care.

1 AN ACT Relating to requiring uniform prescription drug
2 information cards; adding a new section to chapter 48.43 RCW; and
3 creating a new section.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** It is the intent of the legislature to
6 improve care to patients by minimizing confusion, eliminating
7 unnecessary paperwork, decreasing administrative burdens, and
8 streamlining dispensing of prescription products paid for by third-
9 party payors. This act should be broadly applied and interpreted
10 to effectuate this purpose.

11 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43
12 RCW to read as follows:

13 (1) A health benefit plan that provides coverage for
14 prescription drugs or devices and issues a card or other
15 technology for claims processing and an administrator of such a
16 plan including, but not limited to, third-party administrators for
17 self-insured plans, pharmacy benefits managers, and state-

1 administered plans shall issue to its insured a uniform card or
2 other technology containing uniform prescription drug
3 information. The uniform prescription drug information card or
4 technology shall be in the format approved by the national council
5 for prescription drug programs and shall include all of the fields
6 required by the plan to submit a claim and conform to the most
7 recent pharmacy information card or technology implementation
8 guide produced by the council or conform to a national format
9 acceptable to the insurance commissioner. All information that is
10 necessary for claims submission of prescription drug benefits,
11 exclusive of information provided on the prescription as required
12 by law or regulation, shall be included in a clear, readable, and
13 understandable manner on the card or other technology issued by
14 the plan to the insured for claims processing. All information
15 included on the card or other technology as required under this
16 section but not specified by the council shall conform to a
17 content and format acceptable to the insurance commissioner. All
18 information on the card must be formatted and arranged in a manner
19 that corresponds both in content and format to the current content
20 and format required by the plan to process the claim. If a health
21 benefit plan requires a conditional or situational field as
22 defined by the council, it shall conform to the most recent
23 pharmacy information card or technology implementation guide
24 produced by the council or conform to a national format acceptable
25 to the insurance commissioner.

26 (2) A new uniform prescription drug information card or
27 technology shall be issued by a health benefit plan upon
28 enrollment and reissued upon any change in the certificate
29 holder's coverage that impacts data in content or format as
30 contained on the card that affects the data content or format
31 required to be on the card or other technology as required by
32 subsection (1) of this section or upon a change in the council
33 implementation guide or successor document that affects data
34 content or format contained on the card or other technology. Newly
35 issued cards or technology shall be updated with the latest
36 coverage information and shall conform to the council standards
37 then in effect and to the implementation guide then in use or the
38 format specified by the insurance commissioner. However, the plan

1 may issue stickers to their insureds or use other methodologies to
2 update cards temporarily as may be acceptable to the insurance
3 commissioner.

4 (3) The card or other technology may be used for any and all
5 health insurance coverage. This section does not require any person
6 issuing the card or other technology to issue a separate card for
7 prescription coverage, provided that the card or other technology
8 can accommodate the information necessary to process the claim as
9 required by subsection (1) of this section.

10 (4) As used in this section, "health benefit plan" means any
11 accident and health insurance policy or certificate; a nonprofit
12 hospital or medical service corporation contract; a health
13 maintenance organization subscriber contract; a plan provided by a
14 multiple employer welfare arrangement; or a plan provided by
15 another benefit arrangement, to the extent permitted by the
16 employee retirement income security act of 1974, as amended, or by
17 any waiver of or other exception to that act provided under
18 federal law or regulation. Without limitation, "health benefit
19 plan" does not mean any of the following types of insurance:

20 (a) Accident;

21 (b) Credit;

22 (c) Disability income;

23 (d) Specified disease;

24 (e) Dental or vision;

25 (f) coverage issued as a supplement to liability insurance;

26 (g) Medical payments under automobile or homeowners;

27 (h) Insurance under which benefits are payable with or without
28 regard to fault and this is statutorily required to be contained
29 in any liability policy or equivalent self-insurance; and

30 (i) Hospital income or indemnity.

31 (5)(a) The commissioner is responsible for implementing this
32 section and may adopt rules as necessary.

33 (b) A health benefit plan is not permitted to conduct business
34 in this state unless it is in compliance with this section.

35 (6) This section applies to health benefit plans that are
36 delivered, issued for delivery, or renewed within two years after
37 the effective date of this section. For purposes of this section,

1 renewal of a health benefit policy, contract, or plan occurs on
2 each anniversary of the date on which coverage was first effective
3 on the person or persons covered by the health benefit plan.

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